

P4000021874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

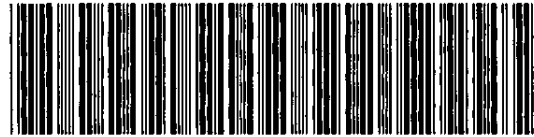
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAR 10 PM 2:36
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03/10/14--01039--009 **78.75

MD 3/11

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: **Seahorse Medical Marketing Corporation**
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: **Samuel J. Ames**

Name (Printed or typed)

2225 Macadamia Lane

Address

St James City, Florida 33956

City, State & Zip

414-531-8273

Daytime Telephone number

sammyaz06@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: Seahorse Medical Marketing Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

2225 Macadamia lane, St James City, Florida 33956

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Sales and Marketing of Medical Equipment and Supplies

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Samuel J. Ames, President

Address 2225 Macadamia Lane

St James City

Florida 333956

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Samuel J. Ames
Address: 2225 Macadamia Lane
St James City, Florida 33956

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Samuel J. Ames
Address: 2225 Macadamia Lane
St James City, Florida 33956

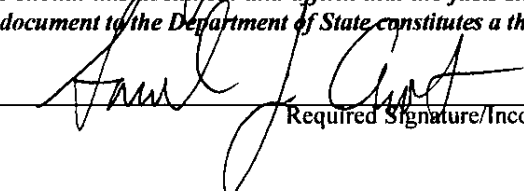
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

3/3/2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

3/3/2014

Date

14 MAR 10 PM 2:36
STATE
OF FLORIDA
SECRETARY OF STATE